CITY OF LAS VEGAS DEPARTMENT OF PLANNING BUSINESS LICENSING DIVISION 333 N. Rancho Dr., 6th Floor Las Vegas, NV 89106

Fax (702) 382-6642 TDD (702) 464-2540 E-mail us at <u>Business Licensing</u>

Privilege License Application

Part II - Personal History Form - Suitability Application

Approved for use by the City of Las Vegas
Business Licensing Division -- Department of Planning

Application Instructions:

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING APPLICATION
NOTE: ALL SUBMITTED FORMS BECOME THE PROPERTY OF THE LAS VEGAS METROPOLITIAN POLICE DEPARTMENT

- 1. This is an interactive on-line form. It is designed to be filled out on-line and printed once completed. If you choose to print a blank form and hand write the answers, click the top box on the first page of the application to expand the form. All hand written answers must be in black ink and in block lettering. Illegible applications <u>WILL NOT</u> be accepted.
- 2. Saving this document. The SAVE feature has been activated for this form. You may save the form to your computer at any time using Adobe Reader/Acrobat. Please **DO NOT SUBMIT THIS FORM ELECTRONICALLY**; this document contains sensitive personal information and is not designed to be secure via e-mail transmission.
- 3. You must make accurate statements and include all material facts. Any misrepresentation, or the failure to provide requested information, may result in the denial of your application.
- 4. Read each question carefully prior to answering. Answer every question completely. Do not leave blank spaces. If a question does not apply to you indicate "Does Not Apply." If there is nothing to disclose indicate "None." Failure to provide a response to every question could result in the rejection of your application and/or lengthen the amount of time needed to complete the investigation.
- 5. Signatures and initials must be made in black ink.
- 6. If the space available is insufficient to respond to a question, you are to supply the required information on an attachment page and clearly identify which question you are answering.
- 7. Additional information may be required by the City of Las Vegas Business Licensing or the Metro Police investigator. Failure to provide the requested documents in a timely manner could result in denial of your application.
- 8. Once you application is accepted, it becomes the property of the Las Vegas Metropolitan Police Department. It will not be returned and the LVMPD does not make copies of any documents relating to the application. The applicant is advised to make copies before submitting the application.
- 9. IT IS THE RESPONSIBILITY OF EACH APPLICANT FOR A LICENSE TO THOROUGHLY FAMILIARIZE HIMSELF/HERSELF WITH ALL APPLICABLE ORDINANCS, RULES AND REGULATIONS PERTAINING TO THE PARTICULAR LICENSE APPLIED FOR.

BE SURE TO.

- A. Attach a recent (within the past 6 months) passport size color photograph of yourself.
- B. **Sign and notarize** all applicable forms and pages.
- C. Initial each page.
- D. Include all required attachments.
- E. Retain a **copy** of the application for your records.
- F. Read, initial and sign TWO(2) copies of the Authorization to Release Information.
- G. Provide a **copy** of your driver's license or state issued identification card.

Personal History Form

							Date fo	orm completed
	If you wish to print							
	any questions that i	may apply to yo	u. For addition	This will allow you to enter answers to additional lines in each table/text field, ons before you print this document.		License Type		
	you can mandany a	da triciri via tric	. 17 Icons below	e you print this doc	ument.			
Name: Last (in	ncludes Sr., Jr., Etc., if applicable)		First			Middle		
Mailing Addr	ess (number and street)		Apt. #	City/Town	State	e/Province	Zip/P	ostal Code
				C: /T		'		
Home Addres	SS (if different from mailing add	(ress)	Apt. #	City/Town	State	e/Province	Zip/P	ostal Code
Present Busir	ness Address (number al	nd street)	Suite#	City/Town	State	e/Province	Zip/P	ostal Code
Home Teleph	one Number		Present Busin	ness Telephone Nu	ımber	Cell/Mobile Te	elephone Nu	mber
Date of Birth			Social Securit	tv Number		E-Mail Contact		
				.,			<u>-</u>	
Sex	Eye Color	Hair Color		Height	Weig	ıht		
1. Have you e	ver been known by	any other nam	e or names? (Yes No				
2. Place of Bir	rth							
3. Are you a U	JS Citizen? Yes	S O No	If yes, please attach	n a copy of your Birth Certi	ficate			
4. Have you e	ver been issued a pa	assport? (es (No					
5. What is you	ur <u>current</u> marital st	atus?						
○ Married/C	ivil Union 🔘 Sing	gle 🔘 Divor	ced C Enga	ged C Legally	Separated (Widow/Widow	er	
6. Do you hav	e any previous mar	riages? (Ye	s 🔘 No					
7. Do you hav	ve any children? (Yes \bigcirc No						
8. List names, If deceased, p	, residence address, please note.	dates of birth	and most recer	nt occupations of p	parents, parents	i-in-law or legal	guardian.	
+	Name	Relation	Living/ Deceased D	ate of Birth (Current Address	Phone	Number	Occupation
9. Do you hav	ve any brothers, sist	ers, and do the	y have respect	ive spouses? 🔘	Yes No			

have		rent residence(s) and worki ears (including residences w						
+	Date - From/To	Address	City/Town	County	State/Pro	vince	Country	Zip/Postal Code
	eginning with seconda uate school you have a	ry school (high school,) pro ttended.	vide the informa	ation below with	respect to ead	ch school, colle	ge, graduate	, or post
+	Dates - From/To	Name and Address of Sch Program, etc		Description o			Degree or on Attained	Graduated
the <u>p</u> Give Socia	nast 10 years. You do No dates of any unemploy I Security Administration of tion 12 either on this form		ion prior to age er sequence. Yo tory. If you choos	18. Include all p au may also attach	art-time and f a copy of your ' nust still provid	full-time emplo "Work History" fo	oyment and morm that is avai	nilitary service lable from the renced in
-	Dates - From/To	Employer Name and N	lailing Address	Numb	Number Supervisor			for Leaving
	Salary	Salary Job Title/Classification			Description of Duties			
With	regard to the previous	ly listed employment:						
		yed, suspended, or asked to	resign from em	ployment? O Y	es O No			
With	regard to the previous	ly listed employment:						
	Were you ever charged ubject of any disciplina	with any infraction in relat ry action?	ion to any emple	oyment which wa	as (Yes	○ No		
years grand and s	s and can attest to your dparents, children, grandc	other information requested good character and reputa hildren, siblings, uncles, aunts, whole or half blood, by marriaginess associate.	tion. No person nephews, nieces,	can be a referen fathers-in-law, mo	ce who is a m o thers-in-law, so	ember of your font	family (ie spou hters-in-law, b	ıse, parents, rothers-in-law
Refe	rence One							
Nan	ne	Telephone No.		Occupation			Years know	n
	ress			Business Addı	, ACC			
Add	11633			Dusilless Addi				
Refe	rence Two			J [
Nan	ne	Telephone No.		Occupation			Years know	n
Add	ress			Business Addı	'ess			

Reference inree				
Name	Telephone No.	Occupat	ion	Years known
Address		Busines	s Address	
14. Have you ever served in a milita you been an active or inactive mem			s () No	
The next question asks about arrest definitions and instructions which f		you may have committe	d. Prior to answering this ques	tion, carefully review the
For purposes of the question: "ARRESTS" include any detaining, hol performance of any "offense" "CHARGE" includes any indictment, co "OFFENSE" is all crimes to include: felimpaired motor vehicle offenses and vo"CITATION" is an official summons to	omplaint, information, s onies, gross misdemear violations of probations	summons, or other notice nors, disorderly persons of	of the alleged commission of any	"offense"
Instructions: Answer "yes" and provid You did not commit the off The charges were dismisse You completed a pretrial in You were not convicted. You did not serve any time The charges or offenses ha	fense charged. d or subsequently down ntervention or equival in prison or jail. ppened a long time ag	vngraded to a lesser cha ent diversionary progra go.	rge. m in other jurisdictions.	
16. Have you ever been called to tes Licensing Agency, Grand Jury, Fede 17. List all current motor vehicle dri jurisdiction below:	ral Board, or Commiss	ion for any reason whats	soever?	
+ Date Last Issued	License Number	Type of License	Jurisdiction Issuing License	Expiration Date of License
18. Have you ever made application in any jurisdiction, including, but no Attorney, Medical, Boxing Promoted Dog Owner, Securities Dealer, Continclude Alcoholic Beverage or Drive application was granted, denied, return 19. Have you made application for cother authorization to participate in manufacturer of gaming/gambling lottery, sports betting, internet gam "Yes" to this question if you ever applied withdrawn, or is currently pending. 20. Have any of the licenses, permit questions ever been denied, suspending.	ot limited to the follower, Manager or Matchmeractor, Pilot, Insurance r's License You must are ded to you by the licensing or held a license, permin any form or type of calculus and your application was, or certifications app	ring: Real Estate Broker of aker, Race Horse Owner, and other type of properties of this question of agency for any reason, with the registration, finding of asino, gaming/gambling eration, horse racing, do beverage operation in a segranted, denied, returned lied for or held by you as	or Salesman, Accountant, Trainer, Manager, Jockey, Race ofessional license? Do NOT if you ever applied and your thdrawn, or is currently pending. of suitability, qualification, or related operation, any g racing, pari-mutual operation ny jurisdiction? You must answer to you by the agency for any reaso	Yes (No

21. Have you ever held a financial interest in a gambling venture, including race track, race horse, or race dog, Yes No lottery, casino, bookmaking operation, or pari-mutual outside the State of Nevada?
22. Have you ever been cited or charged with, or formally accused of, any violation of a statute, regulation, or code of any local, state, county, municipal, provincial, federal or national government Yes No other than a criminal, disorderly persons, petty disorderly person, or motor vehicle violation?
23. Have you ever had a warrant for your arrest, failure to appear or summons for anything, including traffic?
24. Have you ever been barred, trespassed, or otherwise excluded, for any reason other than for the denial, suspension or revocation of a license or registration from any form or type of casino or gaming/gambling related operation in any jurisdiction? Check "Yes" even if the disbarment or exclusion is no longer in effect or has been lifted.
25. Have you (as an individual, member of a partnership, or owner, director or officer of a corporation) or your spouse been party to a lawsuit, either as a plaintiff or defendant? This includes matrimonial matters, negligence matters, Yes No auto accident matters, contract matters, collection matters, debt matters, bank matters, bankruptcies, etc.
26. Have you ever owned or do you currently own a business either as a full owner or part-owner? Yes No
27. Have any individual, local, city, county, state, federal or any other governmental liens/debts been filed against you as an individual, sole proprietor, member of a partnership, or owner of a corporation in any jurisdiction?
28. Have you, as an individual, or any business entity in which you have been involved with filed any type of bankruptcy, insolvency or liquidation under any bankruptcy or insolvency law in any jurisdiction?
29. Will you have any type of slot machines/gaming devices in your establishment that are not owned by you? Yes No
30. Are you currently indebted to a gaming establishment? Yes No
31. Do you intend to actively participate in the operation of this business for which this license is desired? Yes No State position/reason below
32. Is entertainment to be used in this establishment? Yes No
33. Did another individual complete this application on your behalf? Yes No
DOCUMENT ATTACHMENT - REVIEW SECTION
Below is a listing of all additional documents that need to be attached/included with the submittal of this application.

request additional documents for submittal on a case-by-case basis. **Question #28 - ATTACH COPY OF DISCHARGE**

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This list is based upon your answers to the previous questions in this document. This list is not all-inclusive as staff may

STATEMENT OF TRUTH AND ACKNOWLEDGMENTS

STATEMENT OF TROTH AND ACKNOWLEDGMENTS
I,
Further, I attest that:
 I am the applicant who is submitting this application form. I personally supplied the information contained in this form. I understand and read the English language or I have had an interpreter read, explain and record the answer to each and every question on this application form.
4. Any document accompanying this form that is not an original document is a certified copy of the original document.
5. I swear (or affirm) that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, or misleading they will be documented and could result in denial of suitability for licensing.
6. I understand that in case this application is withdrawn or denied, there shall be no refund of any investigation
 fees paid. 7. I agree to provide and disclose any information that reasonably relates to this application, the applicants qualifications, acceptability or fitness for an approval for suitability or for the requested license. 8. I agree to be fingerprinted and photographed.
o. Tagree to be inigerprinted and photographed.
I do hereby agree that the City of Las Vegas may obtain information from my past and present employers, criminal justice agencies, financial institutions, Federal, State and local government agencies and other persons and entities and agree to release such information to the City of Las Vegas for use in connection with this application.
I do, for myself, my heirs, executors, administrators, successors and assigns, hereby release, remise and forever discharge the City of Las Vegas, and its agents and employees from any and all manner of actions, claims and demands whatsoever, known or unknown, in all or equity, which I ever had, now have, may have to claim to have against the City of Las Vegas, or its agents or employees, arising out of its use of the information provided in this application or discovered during any investigation thereof.
I do hereby certify that I have read and understand the
County of
Signed and Sworn to or Affirmed to before me thisday

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Signature of Notarial Officer

of______, 20___**by** ___

LAS VEGAS METROPOLITAN POLICE DEPARTMENT

AUTHORIZATION TO RELEASE INFORMATION

APPLICA	ANTS NAME:	
FROM: L	AS VEGAS METROPOLITAN POLICE DEPARTMENT	NOTE: All items must be initialed
1	I understand that I am applying for a privileged license, per Nevada and acknowledge that the burden of proving my q further understand that a full investigation will be made of the Las Vegas Metropolitan Police Department as agent of accept any risk of adverse public notice, embarrassment, cr respect to my application. This authorization and request is protection against unauthorized disclosure of information	ualifications for such a privilege is at all times upon me. I my background, character and financial responsibility by and for use by the city of Las Vegas/Clark County and I ticism or financial loss which may result from action with a given freely and without duress, voluntarily waiving any
2	I hereby authorize and request all persons to whom this rec — concerning me, to furnish such information to a duly appoi Department, whether or not such information would other statutory or common law privilege.	nted officer of the Las Vegas Metropolitan Police
3	I hereby authorize and request all persons to whom this reconcerning me, to permit a duly appointed officer of the La copy any such documents, whether or not such documents constitutional, statutory or common law privilege.	s Vegas Metropolitan Police Department to review and
4	If the person to whom this request is presented is a brokera institution, or an officer of the same, I hereby authorize and Metropolitan Police Department be permitted to review an correspondence pertaining to me, including, but not limite checking account records, savings deposit records, safe departments. Such information showing the applicant's finances the application for an approval for suitability, as it relates	request that a duly appointed officer of the Las Vegas d obtain copies of any and all documents, records or d to, past loan information, notes co-signed by me, posit records, passbook records, and general ledger folions, net worth, or revenues which is submitted as a part of
5	If the person to whom this request is presented is a crimina—whether within or without the State of Nevada, I hereby au Vegas Metropolitan Police Department be permitted to revinvestigations, photographs or other information pertaining convictions, dispositions, investigative and intelligence information the gaming control board of the State of Nevada	thorize and request that a duly appointed officer of the Lassew and obtain copies of any and all documents, records, go to me, including but not limited to arrests, charges, remation, records of licensing and work permit agencies
6	I do hereby make, constitute and appoint any duly appoint my true and lawful attorney in fact for me in my name, plac (a) to request, review, copy, sign for otherwise act for in information in the possession of the person to whom th personally presented: (b) to name the person or entity to whom this request i appropriate location on this request; and (c) to place the name of the Las Vegas Metropolitan Pol appropriate location on this request.	e and stead, and on my behalf and for use and benefit: vestigative purposes with respect to documents and is request is presented as I might or could do if s presented and insert that person's name in the
7	I grant to said attorney in fact full power and authority to do- requisite, proper or necessary to be done in the exercise of intents and purposes as I might or could do if personally pr ratifying and confirming all that said attorney in fact, or his done by virtue of this power of attorney and the rights and	any of the rights and powers herein granted, as fully to all esent, with full power of substitution or revocation, hereby substitute or substitutes, shall lawfully do or cause to be

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8	This power of attorney ends eighteen months from the	e date of execution.
9	 discharge the person to whom this request is presented actions, claims and demands whatsoever, known or ur 	ccessors, and assigns, hereby release, remise and forever ed, and his agents and employees, from any and all manner of nknown, in all or equity, which I ever had, now have, may have to t is presented, or his agents or employees, arising out of or by
10	 discharge the Las Vegas Metropolitan Police Departments actions, claims and demands whatsoever, known or ur 	ccessors, and assigns, hereby release, remise and forever ent, and its agents and employees, from any and all manner of nknown, in all or equity, which I ever had, now have, may have to be Department, or its agents or employees, arising out of or by
11	A reproduction of this request by the xerox or similar program.	process shall be for all intents and purposes as valid as the
12	I understand that falsifying my application is a Gross N	lisdemeanor (NRS 199.210).
13	I acknowledge that I have read the foregoing and und —	erstand the content and import thereof.
	In witness whereof, I have executed this request at La	s Vegas, Nevada , on the day of
	Print Name	Signature
Signe befor	e of et and Sworn to or Affirmed to re me thisday, 20by	Signature of Notarial Officer
		Signature of the Las Vegas Metropolitan Police Department Officer presenting this Request

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LAS VEGAS METROPOLITAN POLICE DEPARTMENT

AUTHORIZATION TO RELEASE INFORMATION

	ANTS NAME:LAS VEGAS METROPOLITAN POLICE DEPARTMENT	NOTE: All items must be initialed
		NOTE. All Rellis mast be initialed
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2	I hereby authorize and request all persons to whom this reconcerning me, to furnish such information to a duly appoin Department, whether or not such information would other statutory or common law privilege.	nted officer of the Las Vegas Metropolitan Police
3	I hereby authorize and request all persons to whom this reconcerning me, to permit a duly appointed officer of the La copy any such documents, whether or not such documents constitutional, statutory or common law privilege.	s Vegas Metropolitan Police Department to review and
4	If the person to whom this request is presented is a brokera institution, or an officer of the same, I hereby authorize and Metropolitan Police Department be permitted to review an correspondence pertaining to me, including, but not limite checking account records, savings deposit records, safe departments. Such information showing the applicant's finances the application for an approval for suitability, as it relates	request that a duly appointed officer of the Las Vegas d obtain copies of any and all documents, records or d to, past loan information, notes co-signed by me, posit records, passbook records, and general ledger folions, net worth, or revenues which is submitted as a part of
5	If the person to whom this request is presented is a crimina whether within or without the State of Nevada, I hereby au Vegas Metropolitan Police Department be permitted to rev investigations, photographs or other information pertainin convictions, dispositions, investigative and intelligence information the gaming control board of the State of Nevada	thorize and request that a duly appointed officer of the Las iew and obtain copies of any and all documents, records, g to me, including but not limited to arrests, charges, ormation, records of licensing and work permit agencies
6.	I do hereby make, constitute and appoint any duly appoint my true and lawful attorney in fact for me in my name, place (a) to request, review, copy, sign for otherwise act for in information in the possession of the person to whom the personally presented: (b) to name the person or entity to whom this request in appropriate location on this request; and (c) to place the name of the Las Vegas Metropolitan Polyappropriate location on this request.	e and stead, and on my behalf and for use and benefit: vestigative purposes with respect to documents and is request is presented as I might or could do if s presented and insert that person's name in the
7	I grant to said attorney in fact full power and authority to do requisite, proper or necessary to be done in the exercise of intents and purposes as I might or could do if personally pr ratifying and confirming all that said attorney in fact, or his done by virtue of this power of attorney and the rights and	any of the rights and powers herein granted, as fully to all esent, with full power of substitution or revocation, hereby substitute or substitutes, shall lawfully do or cause to be

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8	This power of attorney ends eighteen months from the	ie date of execution.
9	discharge the person to whom this request is present actions, claims and demands whatsoever, known or u	uccessors, and assigns, hereby release, remise and forever ed, and his agents and employees, from any and all manner of inknown, in all or equity, which I ever had, now have, may have to st is presented, or his agents or employees, arising out of or by
10	discharge the Las Vegas Metropolitan Police Departm actions, claims and demands whatsoever, known or u	uccessors, and assigns, hereby release, remise and forever nent, and its agents and employees, from any and all manner of inknown, in all or equity, which I ever had, now have, may have to ice Department, or its agents or employees, arising out of or by
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	In witness whereof, I have executed this request at La	as Vegas, Nevada, on the day of
	Print Name	Signature
	cate of	
Sig	gned and Sworn to or Affirmed to efore me thisday	
of_	, 20 by	Signature of Notarial Officer
		Signature of the Las Vegas Metropolitan Police Department Officer presenting this Request
		Dato

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